08111999-90004-006-$61.25-$61.25

AMOUNT DUE ON OR BEFORE 05/1999: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $400.00).

FILED
Aug 11, 1999 8:00 am
Secretary of State
08-11-1999 90004 006 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46471

1. Corporation Name
FLORIDA SCHOOL OF ADDICTIONS STUDIES, ALUMNI ASS OCIATION, INC.

607255 - 90004 - 38

Principal Place of Business	Mailing Address
3121 BRANDYWINE DRIVE TALLAHASSEE FL 32312	3121 BRANDYWINE DRIVE TALLAHASSEE FL 32312

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 828 Ingleside ave	26 828 Ingleside ave	12/16/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23 Jacksonville Fl	City & State 28 Jacksonville Fl	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip / Country 24 32205 25	Zip / Country 29 32205 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RABAUT, CHARLES P 3121 BRANDYWINE DRIVE TALLAHASSEE FL 32312	81 Name: Teddyl Moorehouse 82 Street Address (P.O. Box Number is Not Acceptable): 828 Ingleside ave. 83 84 City: Jacksonville FL 85 Zip Code: 32205

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Teddy L. Moorehouse — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 8/5/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WAGNER, ANDREW J II 3738 140TH AVE. N., UNIT A LARGO FL 33771	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition PD Teddyl Moorehouse 828 Ingleside ave Jacksonville Fl 32205
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOLF, WENDY PO BOX 273 ((N//A)) GRANDIN FL 32138	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition VD Andrew J. Wagner II 1713 B. Crowder RD Tallahassee Fl 32303
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SPINILL, ROBERT 2255 WEST 23RD STREET JACKSONVILLE FL 32209	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition TD Laureen Pasel 316 Citrona Drive Ponte Vedra Fl 32034
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Teddy L. Moorehouse — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 8/5/99 — Daytime Phone #: 904-723-2033

SIGNATURE REQUIRED